IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Frank J. Bunick et al.

Serial No.: 10/743,127

Art Unit: 1615

Filed

December 22, 2003

Examiner:

For

CONSUMER CUSTOMIZED DOSAGE FORMS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

May 21, 2004

(Date of Deposit)

Michele G. Mangini

(Name of applicant, assignes, in Assistered Representative)

(Date of Signature)

May 21,

Mail Stop Missing Parts Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## SUBMISSION OF COMBINED DECLARATION AND POWER OF ATTORNEY

Dear Sir:

Pursuant to Rule 53(f) and Rule 54, please find enclosed a Combined Declaration and Power of Attorney for the application of Frank J. Bunick et al. entitled "CONSUMER CUSTOMIZED DOSAGE FORMS," attorney Docket No. MCP-5022, to complete, pursuant to Rule 51, this application filed on December 22, 2003 by Express Mail pursuant to Rule 10. As required, a copy of the Notice to File Missing Parts of Application is also attached.

Please charge Johnson & Johnson Deposit Account No. 10-0750/MCP5022/MGM in the amounts of \$130.00 for submission of the Declaration pursuant to Section 1.16(e). The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 10-0750/MCP5022/MGM. This sheet is submitted in triplicate.

Respectfully submitted,

Michele 6. Mangini Reg. No. 36,806

Attorney for Applicant(s)

Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 (732) 524-2810

Please type a plus sign (+) inside this box [+]

PTO/SB/01 (10-00)

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		OF ATTORNEY		First Named			K, Frank J	·
		ITY OR DESIGN APPLICATION			COMPLE	TE IF KN	IOWN	
	(37	CFR 1.63)		Application I	Number	10/743	,127	
	Declaration Submitted with Initial Filing	OR Initial Filing (Su	ırcharge	Filing Date		Decem	ber 22, 20	03
		(37 CFR 1.16(e)	) requirea)	Group Art U	<u>nit</u>	1615		
				Examiner Na	ame			
As a	below named invento	r, I hereby declare tha	t:					
I bel	esidence, mailing addres ieve I am the original, fin al names are listed below led:	st and sole inventor (if o	nly one nan	ne is listed belo	ow) or an origir			
			CUSTOMIZ Title of the I	ED DOSAGE Invention)	FORMS			
the s	specification of which					<del></del>		
	is attached hereto							
OR								
	was filed on (MM/DD/Y) Application Number 10/					or PCT li	nternationa	al
	reby state that I have rev nded by any amendmen			of the above i	dentified speci	fication, i	ncluding th	ne claims, as
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	Prior Foreign Application Number(s)	Country		Filing Date D/YYYY)	Priority Not Claim	ed		d Copy hed? NO
	Additional foreign applic	cation numbers are liste	d on a supp	lemental priori	ty data sheet F	PTO/SB/0	2B attache	ed hereto:

DECLAF	ATION - Utility or Design Patent App	plication
I hereby claim the benefit under 35 U.S.C	. 119(e) of any United States provisional a	pplication(s) listed below.
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
as the subject matter of each of the claims provided by the first paragraph of Title 35, defined in Title 37, Code of Federal Regula national or PCT international filing date of t		r United States application in the manner e duty to disclose material information as filing date of the prior application and the
Application Serial No.	Filing Date	Status
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I hereby appoint:		B1 0 .
Practitioners at Customer Number  AND .	<b>000027777</b> →	Place Customer Number Bar Code Label Here
Practitioner(s) named below:  Name	Registration Number	
as my/our attorney(s) or agent(s) to prose States Patent and Trademark Office conf	ecute the application identified above, and nected therewith.	to transact all business in the United
Address all telephone calls to SHARON E. HAYI	NER at telephone number (732) 524-2242.	
	mer Number Code Label 000027777 OR	☐ Correspondence address below
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NAME OF SOLE OR FIRST INVENTOR:	A pe	tition has been fi	led for this unsigne	ed inventor
Given Name (first and middle [if any]) FRANK J.		Family Name or Surname	BUNICK	
Inventor's Fraul Signature	unde		Date 5/6/	104
Residence: City RANDOLPH	State NJ	Coun	try US	CitizenshipUS
Mailing Address 47 LONG RIDGE ROAD		- <del></del>	— <u> </u>	
City RANDOLPH	State NJ	ZIP (		Country US
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NAME OF SECOND INVENTOR:	□Аре	etition has been fi	led for this unsigne	ed inventor
Given Name (first and middle [if any]) STEPHAN G.		Family Name or Surname	WIET	
Inventor's Signature I the	X		Date 5-	5-04
Residence: CityMORRISTOWN	State NJ	Coun	try US	CitizenshipUS
Mailing Address 9 LORD WILLIAM PENN DF	RIVE			
City MORRISTOWN	State NJ	ZIP (		Country US
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NAME OF THIRD INVENTOR:	□Аре	etition has been fi	led for this unsigne	ed inventor
Given Name (first and middle [if any]) STEPHEN J.		Family Name or Surname	SALDUTTI	,
Inventor's Signature	· · · · · · · · · · · · · · · · · · ·		Date 5/5	10+
Residence: City NORVH WALES	State PA	Coun	try US	CitizenshipUS
Mailing Address 115 LONGLEAT DRIVE				
City NORTH WALES	State PA	ZIP	19454	Country US

issued thereon.			
NAME OF FOURTH INVENTOR:	☐ A pet	tition has been filed for this u	nsigned inventor
Given Name (first and middle [if any]) PAUL D.		Family Name or Surname BISIO	
Inventor's Signature		Date	/3/04
Residence: City LANSDALE	State PA	Country US	CitizenshipUS
Mailing Address 456 PRINTER WAY			
City LANSDALE	State PA	<b>ZIP</b> 19446	Country US
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